

REFUND REQUEST CERTIFICATION

- The purchaser should review the [Cancellation and Refund policy](#) and FAQ's for the category and criteria on which you are basing your request and include supporting documentation if required. The program reserves the right to require additional documentation.

Current Contract Information

GET Contract Number (s) _____

Purchaser's Name _____ Social Security Number _____

Street Address/Apartment Number _____ Email Address _____

Post Office Box Number _____ Telephone Number(s) _____

City / State / ZIP Code _____ Home _____ Work _____

Statement of Request for Cancellation and Refund

I hereby request a refund of _____ GET tuition units based on the following criteria:

Review the Cancellation and Refund Policy and FAQ's for a full description of each criteria.

- | | |
|---|---|
| <input type="checkbox"/> Death of Beneficiary include copy of death certificate | <input type="checkbox"/> Within 3 days see policy for criteria |
| <input type="checkbox"/> Disability of Beneficiary include copy of medical documentation | <input type="checkbox"/> Within 6 months see policy for criteria |
| <input type="checkbox"/> Scholarship include copy of scholarship award | <input type="checkbox"/> Less than \$500 see policy for criteria |
| <input type="checkbox"/> Graduation/Program Completion include copy of certificate/diploma | |
| <input type="checkbox"/> Non-Attendance: "I certify that the student beneficiary is 18 years of age or older, and will not be attending an institution of higher education." | |
| <input type="checkbox"/> Other Exceptional Circumstances: Please provide a brief statement explaining your request to cancel and refund your GET account. | |

Payment Arrangements

- ☐ **Inactive ACH** Please inactive the ACH associated with this GET Account. This does not guarantee that it will be cancelled in time for the next scheduled withdrawal. Contact customer service for further details.
- ☐ **Payroll Deduction** Inactivating a Payroll Deduction **requires** the employee to complete and submit to their Payroll Department the [Payroll Deduction Form](#) available for download from our Web site at www.get.wa.gov.
- NOTE:** Only your Payroll Office can confirm the exact termination date for your Payroll Deduction

Signature - REQUIRED

Only the contract Purchaser may request a refund.

I certify under penalty of perjury that I am the legal contract Purchaser, and I authorize this request on the Guaranteed Education Tuition Program contract indicated above.

Purchaser's Signature (Notary must witness signature) _____

Date _____

Notary Section - REQUIRED

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Title _____

My appointment expires _____

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318